



Massachusetts Association for Mental Health

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July 18, 2014  
(By Hand)

Martha Coakley, Attorney General  
Attn: Antitrust Division  
Office of Attorney General  
One Ashburton Place, 18th Floor  
Boston, MA 02108

**Re: Settlement with Partners HealthCare**

Dear General Coakley,

We are writing to express our strongest possible support for the proposed settlement your office negotiated with Partners HealthCare (Partners). As you well know, this proposal is the result of intensive negotiations, an exhaustive investigation and a comprehensive public process, which included multiple state agencies and the media. More importantly, we believe the settlement strikes the correct balance and it reflects a clear, compelling and strong commitment to protecting the public interest. And to be clear, we believe the “public interest” is not served by focusing solely on health care costs and restricting growth, (and we fear the spread of excellence) but rather requires the more difficult task of examining costs and expansion in a way that also promotes and expands quality health care and access to that care. In brief, we are not surprised, and indeed expect, insurers and competitors to continually harp and focus solely on health care costs, and we are immensely grateful that as Attorney General *you* focused on the public interest.

That said, the proposed settlement does address health care cost containment in significant ways. While we are not experts in the details of the proposed agreement, we have followed the public reports closely because of our interests in health care access and our high regard for Partners. Our understanding is the settlement will make Partners the most heavily regulated health care system in the Commonwealth, with charges capped at general inflation, new restrictions on its physician and hospital network, and how it contracts with insurers. The agreement requires Partners to pay for a monitor who reports to your office annually for the entire ten years of the settlement. We further understand the agreement has the support of the Department of Justice.

Yet, even as we prepare this letter, both of our daily papers today report concerns the proposed settlement will not reduce costs enough, as if that has become the sole responsibility of the agreement. We believe the costs of health care are better addressed not by arbitrary or unreasonable restrictions or the creation of unattainable targets, but rather in the long term through a transformation of the health care system from a disease model to a prevention model.

And, in the short term, through better integration and coordination of services, which, frankly is at the core of the Partners System. In brief, as we understand it, the proposed agreement is designed to support efforts to provide coordinated patient care and increased mental health services in our communities. MAMH supports that result. We applaud the work of your office to address the serious issues of costs in a responsible manner, resulting in an agreement that will promote better integration and coordination, which are keys to a systemic reduction of costs and the improvement of outcomes. That, we submit, is protecting the public interest.

MAMH has the highest regard for Partners, because in our experience it has done more to advance community based integrated access to primary and behavioral health care than virtually any other health care system in the Commonwealth. While other institutions were closing psychiatric units, Partners was reaching out to expand and increase access.

At the Massachusetts General Hospital (MGH) The Department of Psychiatry has over 600 clinicians, researchers, and trainees, and has been ranked by *U.S. News and World Report* as the #1 Department of Psychiatry in the United States, a distinction it has held for more than a dozen years. McLean Hospital in Belmont, another Partners Hospital, is ranked #4 in the nation in psychiatry. MGH has the largest hospital based research institution in the world, with over 500 million dollars per year of research funding. The MGH outpatient service is a world leading clinical and clinical research center, with specialty programs including the Depression Clinical and Research Program, the Bipolar Clinic and Research Program, the Anxiety and Traumatic Stress Disorders Program, the Perinatal and Reproductive Psychiatry Program, and the Psychiatric Genetics Program in Mood and Anxiety Disorders, each of which has extensive portfolios of funded research.

The Massachusetts General Psychiatry Academy, with over 30,000 members, brings high quality, objective and curriculum based continuing medical education to physicians and other health professionals across the nation and around the world.

In spite of its global reputation, Partners has never lost sight of either its mission or the importance of its connections to the community. Several years ago, MAMH was invited to join the Steering Committee for MGH's Division of Public and Community Psychiatry. As members of this diverse group of clinicians, advocates, state administrators, persons with lived experience and others we have witnessed innovative planning, development and implementation of programs such the formalization of six week rotations through the Department of Mental Health clinics for psychiatric residents and interns, and the creation of the Wellness and Recovery Medicine (WaRM) Center (A home for people with serious mental illness) at the Massachusetts Mental Health Center. These and other public and private collaborations have brought the compassion and excellence of MGH Psychiatry to populations and corners of the community too long ignored.

For close to two decades MAMH has been invited to Brigham & Women's Hospital each year to meet with third year psychiatric residents as part of a course designed to further expose men and women in psychiatric training to public psychiatry and advocacy.

MAMH assisted in the development and now collaborate with The Clay Center for Young



Healthy Minds at Massachusetts General Hospital, a web-based center that promotes the emotional well-being of young people through innovative education, including blogs, podcasts and videos on topics that span psychiatric disorders, general pediatric concerns and learning differences.

MAMH freely admits to being a supporter of Partners. That should not diminish our opinions any more than any contrary views expressed by insurers who required parity laws being passed before paying for behavioral health care, or competitors seeking greater market share. We have witnessed Partners commitment to behavioral health, while other health facilities closed or reduced its beds. We know (or at least suspect) Partners uses revenue from "profit-making" departments to subsidize the costs of delivering behavioral health care services, which historically have been underfunded. Candidly, this is something to which we say thanks. The fact health insurers may have to pay a little more is poetic justice, since insurers for years saved money by not paying for behavioral health care and setting up arbitrary limits and barriers it did not impose on other covered illnesses. They would still be doing so were it not for federal and state parity laws.

We understand and support reasonable efforts at cost containment, but please excuse us if we do not join the chorus of insurers and competitors focused solely on the bottom line. We enthusiastically support better coordination and integration of primary and behavioral health care, measuring outcomes and addressing all the health needs of populations. This is what the proposed settlement agreement promotes and allows, and we support it, the Department of the Attorney General and Partners HealthCare without reservation.

Thank you for your consideration. We would be pleased to answer any questions or provide whatever additional information you might require.

Sincerely,

  
Bernard J. Carey, Jr.  
Executive Director

  
Timothy O'Leary  
Deputy Director